Denver Public Schools
Initial SIT Referral Form
To be completed by the Referring Person to Initiate a SIT Meeting

Student Name _____ **Grade**_____ **ID**_____ **I** _____

Address _____ **Phone**_____

Referring Person _____ **School**_____ **Date**_____

Please Attach:
- ☐ IC Summary
- ☐ IC Attendance
- ☐ IC Behavior Log/SWIS
- ☐ IC Assessment
- ☐ IC Grades
- ☐ ILP
- ☐ IEP
- ☐ Report Card
- ☐ MyCAP data (High School Only)
- ☐ Transcripts (High School Only)
- ☐ Work Samples
- ☐ Health Plan
- ☐ Other Pertinent Document
- ☐ Current class schedule

Language Information:
Native Language:_____
Is the student identified as an ELL? Y N
What is the student's current ELA Program?
_____

Language of Instruction:
Literacy:_____
Math:_____
Social Studies:_____
Science:_____

Interpreter Needed for Meeting? Y N
Language:_____

Support Services in Place:
- ☐ Nurse
- ☐ Counselor
- ☐ Psychologist/Social Worker
- ☐ Speech/Language
- ☐ Outside Mental Health Services
- ☐ Denver Health
- ☐ Drug/Alcohol Counseling
- ☐ OT/PT
- ☐ Tutoring
- ☐ Hearing/Vision
  Pass/Fail Date_____
- ☐ Other:_____

Areas of Concern: (Please Check)

Reading:	**English**	**L1**
Phonemic Awareness	☐	☐
Phonics	☐	☐
Fluency	☐	☐
Vocabulary	☐	☐
Comprehension	☐	☐
Application/Analysis/Synthesis/Evaluation	☐	☐

Written Language:	**English**	**L1**
Grammar/Usage/Sentence Structure	☐	☐
Capitalization/Punctuation	☐	☐
Spelling	☐	☐
Style and Fluency	☐	☐
Voice	☐	☐
Organization	☐	☐
Ideas and Content	☐	☐

Oral Language:	**English**	**L1**
Articulation (Intelligibility)	☐	☐
Receptive Language (Comprehension)	☐	☐
Expressive Language	☐	☐

Mathematics:	**English**	**L1**
Number Sense	☐	☐
Algebraic Thinking	☐	☐
Data and Probability	☐	☐
Geometry	☐	☐
Measurement	☐	☐
Computation	☐	☐

Motor:
Gross Motor
Fine Motor

Health:
- ☐ Vision
- ☐ Hearing
- ☐ Dental
- ☐ Mental Health
- ☐ Other:_____

☐ **Attendance/Tardiness**
Data: _____

Social/Emotional Learning:
- ☐ Following Classroom Rules
- ☐ Responding to Redirection
- ☐ Working in a Group
- ☐ Interacting with Adults
- ☐ Interacting with Peers
- ☐ Participating in Class Discussions
- ☐ Asking Appropriate Questions
- ☐ Motivation to Learn
- ☐ Quality of Work
- ☐ Persistence w/Difficult Tasks
- ☐ Difficulty with Transitions
- ☐ Staying on Task
- ☐ Completing Homework
- ☐ Finishing Work on Time
- ☐ Taking Care of Materials
- ☐ Paying Attention in Class
- ☐ Following Directions
- ☐ Poor Study or Organization Skills

Specific and observable description of student strengths:
_____
_____

Specific, observable, and measurable description of the most concerning problem:
_____
_____

Parent Contacted: (Parent contact is required prior to assignment of Designated Consultant)

Date: _____ **Parent Response:** _____

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